

State of Maryland

Employee/Retiree Benefits Program Certification of Full-time Student Eligibility

Dependent children are covered through end of year in which they turn 19. Beyond that year, full-time student certification is required for dependents 19 to 23.

Employee to complete the following:

Employee/Retiree Name:	Employee/Retiree Social Security Number:
Dependent's Name:	Dependents Date of Birth: Month _____ Day _____ Year _____
Dependent's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Employee:
Dependent's Social Security Number:	Dependents Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Do you provide 50% of the dependent's support? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the dependent reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No I hereby certify that the information contained on this form is correct to the best of my knowledge and authorize the release of any information requested with respect to this certification.	
_____	_____
Employee/Retiree Signature	Daytime Telephone Number Date

Student Certification: School Official to complete this section if dependent is eligible based on student status:

School Name:	School Address:
Beginning and Ending Date of Current Semester: _____ to _____	
Which Semester does this certification apply? Fall _____ or Spring _____	
Is this institution accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Hours per Current Semester or Classroom Hours per Week: _____	
What is the student status as determined by the institution: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
SUMMER SESSIONS Is Student currently enrolled for a summer session? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did student attend spring semester preceding break? <input type="checkbox"/> Yes <input type="checkbox"/> No Is student enrolled for the fall semester? <input type="checkbox"/> Yes <input type="checkbox"/> No I hereby certify that the above information is correct to the best of my knowledge.	
_____	_____
Signature of School Official	Daytime Telephone Number Date

Please note: The State member may complete the top portion of this form and attach a letter from the College Registrar's office. Please be advised that the letter from the College Registrar's office must be on official school stationery and be signed by the School's Administrative office or Registrar's office. The information must state the dependent's name, and indicates that the dependent is a full-time student for the **Current** semester. You may also attach documentation of payment on official school stationery showing the **PAID** Full-time tuition that states the dependent's name and states that this dependent is a full-time student for the **Current** semester.

We will not accept a copy of an unpaid tuition bill as verification of full-time student status.